

PTO/SB/08 (12-04)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-875

**Application or Docket Number:**

Production or Docker Number:

**APPLICATION AS FILED - PART I**

(Column 1)

(Column 2)

**SMALL ENTITY**

25

OTHER THAN  
SMALL ENTITY

FOR		(Column 2)		SMALL ENTITY		OR		SMALL ENTITY	
		NUMBER FILED	NUMBER EXTRA	RATE (\$)	Fee (\$)			RATE (\$)	Fee (\$)
<b>BASIC FEE</b> (37 CFR 1.16(a), (b), or (c))									
<b>SEARCH FEE</b> (37 CFR 1.16(k), (l), or (m))									
<b>EXAMINATION FEE</b> (37 CFR 1.16(o), (p), or (q))									
<b>TOTAL CLAIMS</b> (37 CFR 1.16(l))	minus 20 =	*		X	=			X	=
<b>INDEPENDENT CLAIMS</b> (37 CFR 1.16(h))	minus 3 =	*		X	=			X	=
<b>APPLICATION SIZE FEE</b> (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b> (37 CFR 1.16(j)).						<b>TOTAL</b>		<b>TOTAL</b>	

TOTAI

TOTAL

**APPLICATION AS AMENDED – PART II**

"327/07"

		(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
Total (37 CFR 1.16(j))	*	Minus	**	30	=	X	=		X	=
Independent (37 CFR 1.16(h))	*	Minus	***		=	X	=		X	=
Application Size Fee (37 CFR 1.16(s))										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										
		(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
Total (37 CFR 1.16(j))	*	Minus	**	=		X	=		X	=
Independent (37 CFR 1.16(h))	*	Minus	***	=		X	=		X	=
Application Size Fee (37 CFR 1.16(s))										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										
<ul style="list-style-type: none"> <li>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</li> <li>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</li> </ul>										
<p>s collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is not subject to the provisions of 5 U.S.C. 552 (the Freedom of Information Act).</p>										

\* If the entry in column 1 is less than the entry in column 2, swap the two columns.

\*\* If the "Highest Number Previously Read For IN THIS SET" is

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Part) in THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.